Substitute for Form 1449A/PTO (Modified) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets in necessary) (use as many sheets in necessary) Group Art Unit Examiner Name Complete if Known Application Number 10/039,136 Filling Date 1/4/02 First Named Inventor: Group Art Unit 3743 Examiner Name ***

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Exam. Initial*	Cite No. ¹	U.S. Cument		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	Pages, Columns, Lines, Where Relevant
			Kind Code ² If known)	• • • • • • • • • • • • • • • • • • • •	MM-DD-YYYY	Passages or Relevant Figures Appear
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